1011 UNIVERSITY AVENUE

COLFAX 54730 Phone: (715) 962-3186 Ownership: Corporation
Operated from 1/1 To 12/31 Days of Operation: 365 Highest Level License: Skilled
Operate in Conjunction with Hospital? No Operate in Conjunction with CBRF? No
Number of Beds Set Up and Staffed (12/31/03): 64 Title 18 (Medicare) Certified? No
Total Licensed Bed Capacity (12/31/03): 75 Title 19 (Medicaid) Certified? Yes
Number of Residents on 12/31/03: 63 Average Daily Census: 63

Services Provided to Non-Residents		Age, Gender, and Primary Di	_			Length of Stay (12/31/03)	양
Home Health Care	No	Primary Diagnosis			%	· ·	15.9
Supp. Home Care-Personal Care	No					1 - 4 Years	55.6
Supp. Home Care-Household Services	No	Developmental Disabilities	1.6	Under 65	3.2	More Than 4 Years	23.8
Day Services	No	Mental Illness (Org./Psy)	52.4	65 - 74	15.9		
Respite Care	Yes	Mental Illness (Other)	1.6	75 - 84	30.2		95.2
Adult Day Care	No	Alcohol & Other Drug Abuse	1.6	85 - 94	46.0	* * * * * * * * * * * * * * * * * * *	*****
Adult Day Health Care	No	Para-, Quadra-, Hemiplegic	3.2	95 & Over	4.8	Full-Time Equivalent	
Congregate Meals	No	Cancer	1.6			Nursing Staff per 100 Res	idents
Home Delivered Meals	No	Fractures	1.6		100.0	(12/31/03)	
Other Meals	No	Cardiovascular	12.7	65 & Over	96.8		
Transportation	Yes	Cerebrovascular	14.3			RNs	8.4
Referral Service	Yes	Diabetes	1.6	Gender	%	LPNs	4.1
Other Services	Yes	Respiratory	1.6			Nursing Assistants,	
Provide Day Programming for		Other Medical Conditions	6.3	Male	30.2	Aides, & Orderlies	43.4
Mentally Ill	No			Female	69.8	1	
Provide Day Programming for			100.0			I	
Developmentally Disabled	No				100.0		
				and the state of the state of the state of the state of	and the state of the state of the		and the state of the state of

Method of Reimbursement

		edicare itle 18			edicaid			Other		:	Private Pay			amily Care			Managed Care	l 		
Level of Care	No.	olo	Per Diem (\$)	No.	90	Per Diem (\$)	No.	્રે જ	Per Diem (\$)	No.	olo	Per Diem (\$)	No.	્રે જ	Per Diem (\$)	No.	olo	Per Diem (\$)	Total Resi- dents	- Of
Int. Skilled Care	0	0.0	0	1	2.4	130	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	1	1.6
Skilled Care	0	0.0	0	32	78.0	111	0	0.0	0	18	90.0	121	0	0.0	0	2	100.0	121	52	82.5
Intermediate				8	19.5	92	0	0.0	0	2	10.0	110	0	0.0	0	0	0.0	0	10	15.9
Limited Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Personal Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Residential Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Dev. Disabled				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Traumatic Brain In	j 0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Ventilator-Depende	nt 0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Total	0	0.0		41	100.0		0	0.0		20	100.0		0	0.0		2	100.0		63	100.0

AREA NURSING HOME, INC.

Admissions, Discharges, and		Percent Distribution	n of Residents'	Condit:	ions, Services, an	d Activities as of 12/	31/03
Deaths During Reporting Period							
	I				% Needing		Total
Percent Admissions from:	I	Activities of	8	As	sistance of	% Totally	Number of
Private Home/No Home Health	32.3	Daily Living (ADL)	Independent	One	Or Two Staff	Dependent	Residents
Private Home/With Home Health	19.4	Bathing	6.3		50.8	42.9	63
Other Nursing Homes	6.5	Dressing	20.6		41.3	38.1	63
Acute Care Hospitals	35.5	Transferring	46.0		20.6	33.3	63
Psych. HospMR/DD Facilities	0.0	Toilet Use	31.7		38.1	30.2	63
Rehabilitation Hospitals	0.0		52.4			19.0	63
Other Locations	6.5	*****	*****	****	*****	******	*****
otal Number of Admissions	31	Continence		%	Special Treatmen	ts	양
ercent Discharges To:	i	Indwelling Or Extern	nal Catheter		Receiving Resp	iratory Care	1.6
Private Home/No Home Health	24.1	Occ/Freg. Incontiner	nt of Bladder	46.0	Receiving Trac	heostomy Care	0.0
Private Home/With Home Health	20.7	Occ/Freq. Incontine	nt of Bowel	25.4	Receiving Suct	ioning	1.6
Other Nursing Homes	0.0	-			Receiving Osto	my Care	3.2
Acute Care Hospitals	13.8	Mobility			Receiving Tube	Feeding	0.0
Psych. HospMR/DD Facilities	0.0	Physically Restraine	ed	0.0		anically Altered Diets	44.4
Rehabilitation Hospitals	0.0	1 1			3	-	
	0.0	Skin Care			Other Resident C	haracteristics	
Deaths	41.4			1.6	Have Advance D	irectives	100.0
otal Number of Discharges		With Rashes		0.0			
(Including Deaths)	29 i			- / -	Receiving Psyc	hoactive Drugs	61.9

Selected Statistics: This Facility Compared to All Similar Rural Area Facilities & Compared to All Facilities

************	*****	*****	*****	*****	*****	*****	*****	*****	*****
		Own	ership:	Bed	Size:	Lic	ensure:		
	This	Pro	prietary	50	-99	Ski	lled	Al	1
	Facility	Peer	Group	Peer	Group	Peer	Group	Faci	lities
	%	8	Ratio	%	Ratio	%	Ratio	%	Ratio
Occupancy Rate: Average Daily Census/Licensed Beds	83.1	80.8	1.03	83.7	0.99	84.0	0.99	87.4	0.95
Current Residents from In-County	66.7	73.7	0.90	72.8	0.92	76.2	0.87	76.7	0.87
Admissions from In-County, Still Residing	25.8	19.8	1.31	22.7	1.14	22.2	1.16	19.6	1.31
Admissions/Average Daily Census	49.2	137.9	0.36	113.6	0.43	122.3	0.40	141.3	0.35
Discharges/Average Daily Census	46.0	138.0	0.33	115.9	0.40	124.3	0.37	142.5	0.32
Discharges To Private Residence/Average Daily Census	20.6	62.1	0.33	48.0	0.43	53.4	0.39	61.6	0.33
Residents Receiving Skilled Care	84.1	94.4	0.89	94.7	0.89	94.8	0.89	88.1	0.95
Residents Aged 65 and Older	96.8	94.8	1.02	93.1	1.04	93.5	1.04	87.8	1.10
Title 19 (Medicaid) Funded Residents	65.1	72.0	0.90	67.2	0.97	69.5	0.94	65.9	0.99
Private Pay Funded Residents	31.7	17.7	1.80	21.5	1.48	19.4	1.63	21.0	1.51
Developmentally Disabled Residents	1.6	0.8	2.02	0.7	2.21	0.6	2.51	6.5	0.24
Mentally Ill Residents	54.0	31.0	1.74	39.1	1.38	36.5	1.48	33.6	1.61
General Medical Service Residents	6.3	20.9	0.30	17.2	0.37	18.8	0.34	20.6	0.31
Impaired ADL (Mean)	50.8	45.3	1.12	46.1	1.10	46.9	1.08	49.4	1.03
Psychological Problems	61.9	56.0	1.11	58.7	1.06	58.4	1.06	57.4	1.08
Nursing Care Required (Mean)	6.5	7.2	0.91	6.7	0.98	7.2	0.91	7.3	0.89